Opening and Managing a Casualty's Airway

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- **the tongue is the most common cause of an airway obstruction**

- **when a casualty is unconscious, muscles relax. This relaxation may cause the tongue to slip to the back of the mouth and block the airway**

Check for Responsiveness

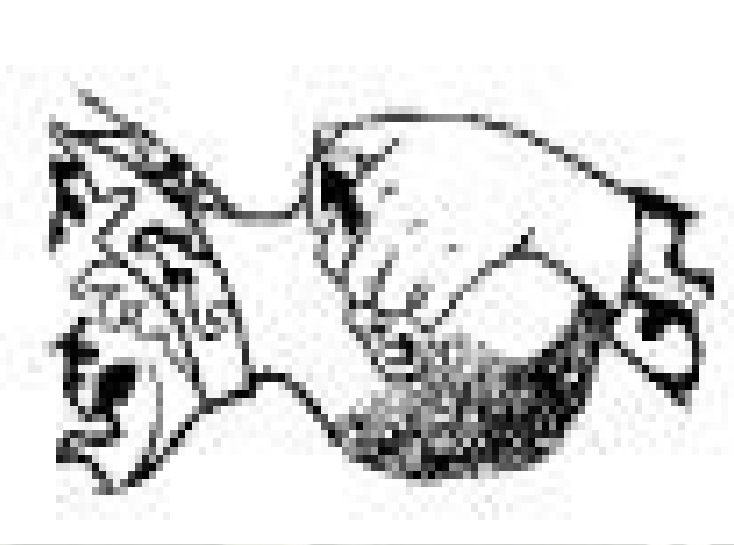
If the casualty appears to be unconscious, check the casualty for responsiveness.

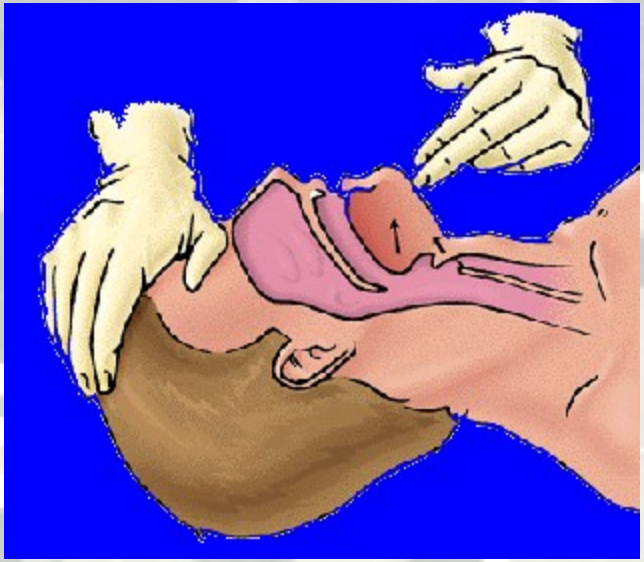
- **“are you okay?”**
- **gently shake or ta**
- **if no response, position the casualty and open the airway**

Position the Casualty

Open the Casualty's Airway

- **if you suspect head or neck injuries, use the jaw thrust method to open the airway. Otherwise, use the head-tilt/chin-lift method**

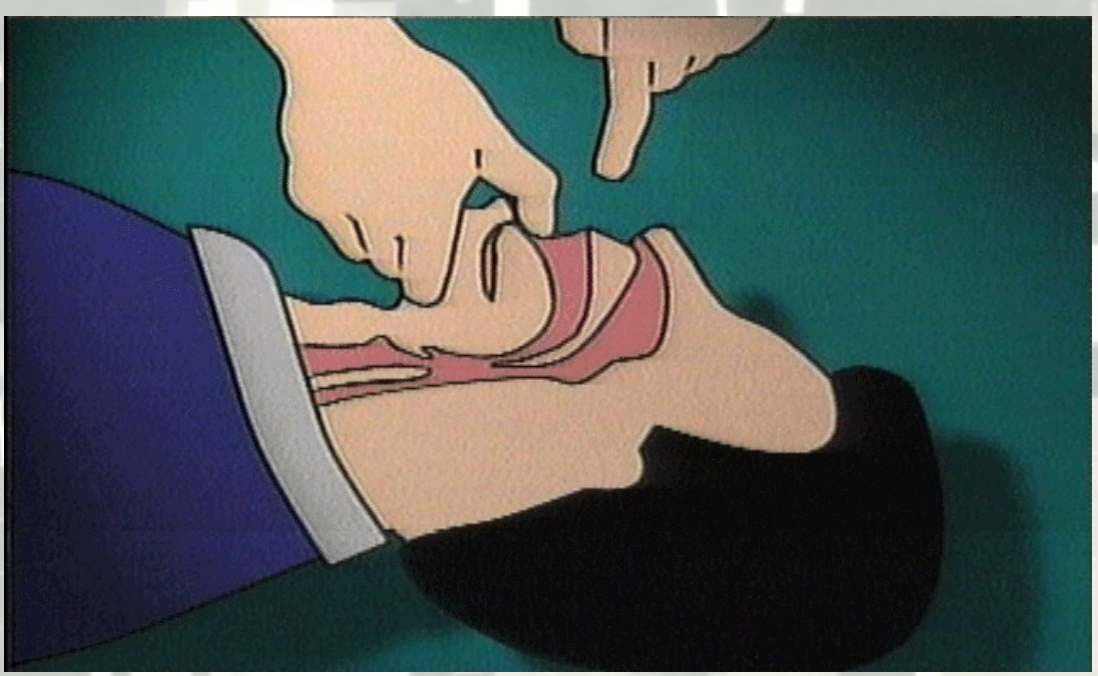




Open the Casualty's Airway

- use your fingers to remove anything that could block the casualty's airway

- loose teeth
- facial bone
- vomitus



Check for Breathing

- **look for rise and fall of the chest**
- **listen for air escaping during exhalation**
- **feel for exhalations on t**
  side of your face

Check for Breathing

- **count the number of respirations for 15 seconds**
- **if the casualty is unconscious; if respiratory rate is less than 2 in 15 seconds; and/or if the casualty is making snoring or gurgling sounds, insert an nasopharyngeal airway (NPA)**

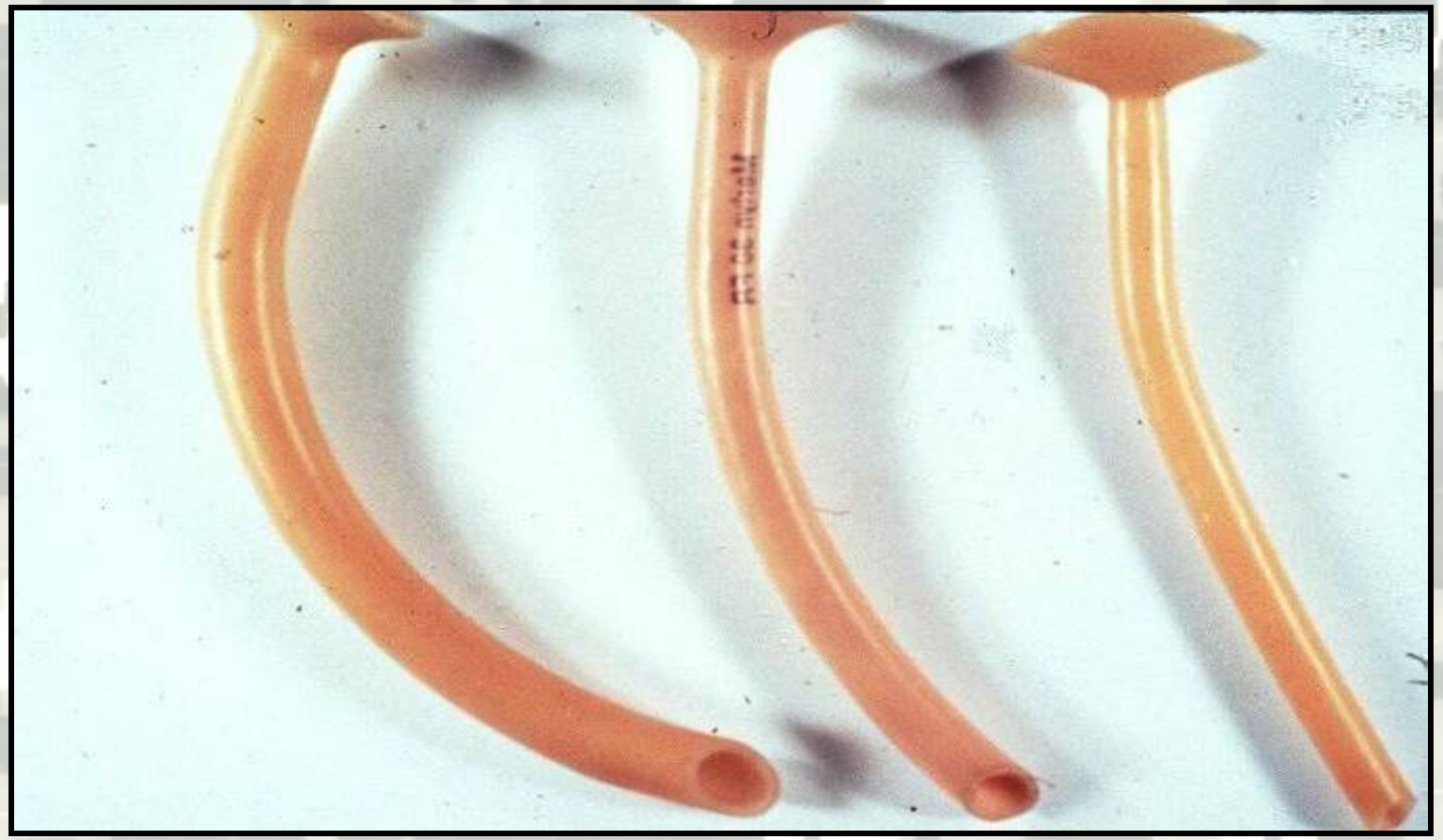
Rescue Breathing

- maintain head-tilt/chin-lift or jaw thrust
- pinch nostrils closed and administer two full breaths (2 seconds)
- check carotid pulse
- if pulse is present, administer mouth-to-mouth ventilations at 1 per 5 seconds
- check for breathing and pulse after one minute

Cardiopulmonary Resuscitation

- **in a tactical situation, if a casualty is found with no pulse and no respiration, CPR is not recommended. Therefore, CPR is not taught in the combat lifesaver course**

Nasopharyngeal Airway



Nasopharyngeal Airway

Lubricate with water soluble lubricant

Nasopharyngeal Airway

Push the tip of the casualty's nose upward gently

Nasopharyngeal Airway

Position the tube so that the bevel (pointed end) of the airway faces toward the septum (the partition inside the nose that separates the nostrils)

Nasopharyngeal Airway

Insert the airway into the nostril and advance it until the flange rests against the nostril

Nasopharyngeal Airway

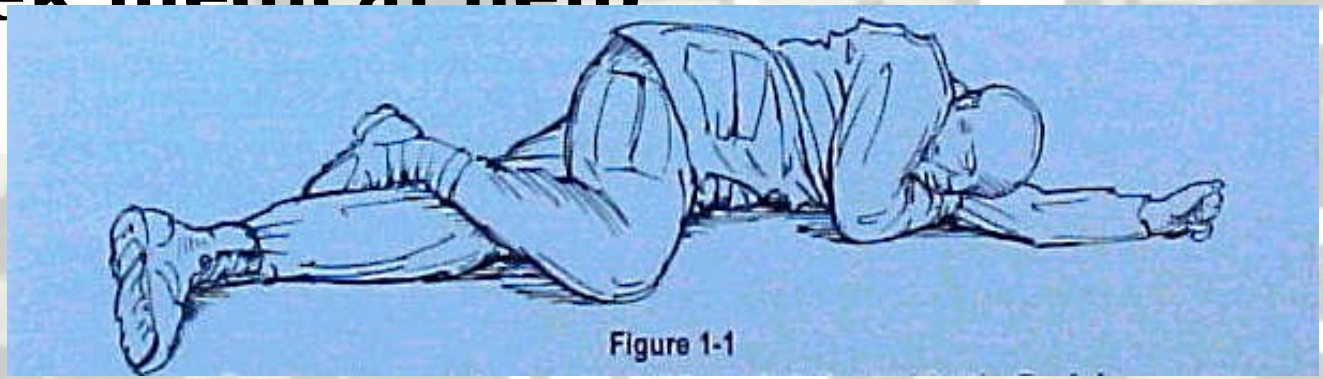
- **<u>do not</u> use the nasopharyngeal airway if the roof of the casualty's mouth is fractured or brain matter is exposed.**

- **<u>do not</u> use the nasopharyngeal airway if there is clear fluid coming from the ears or nose.**

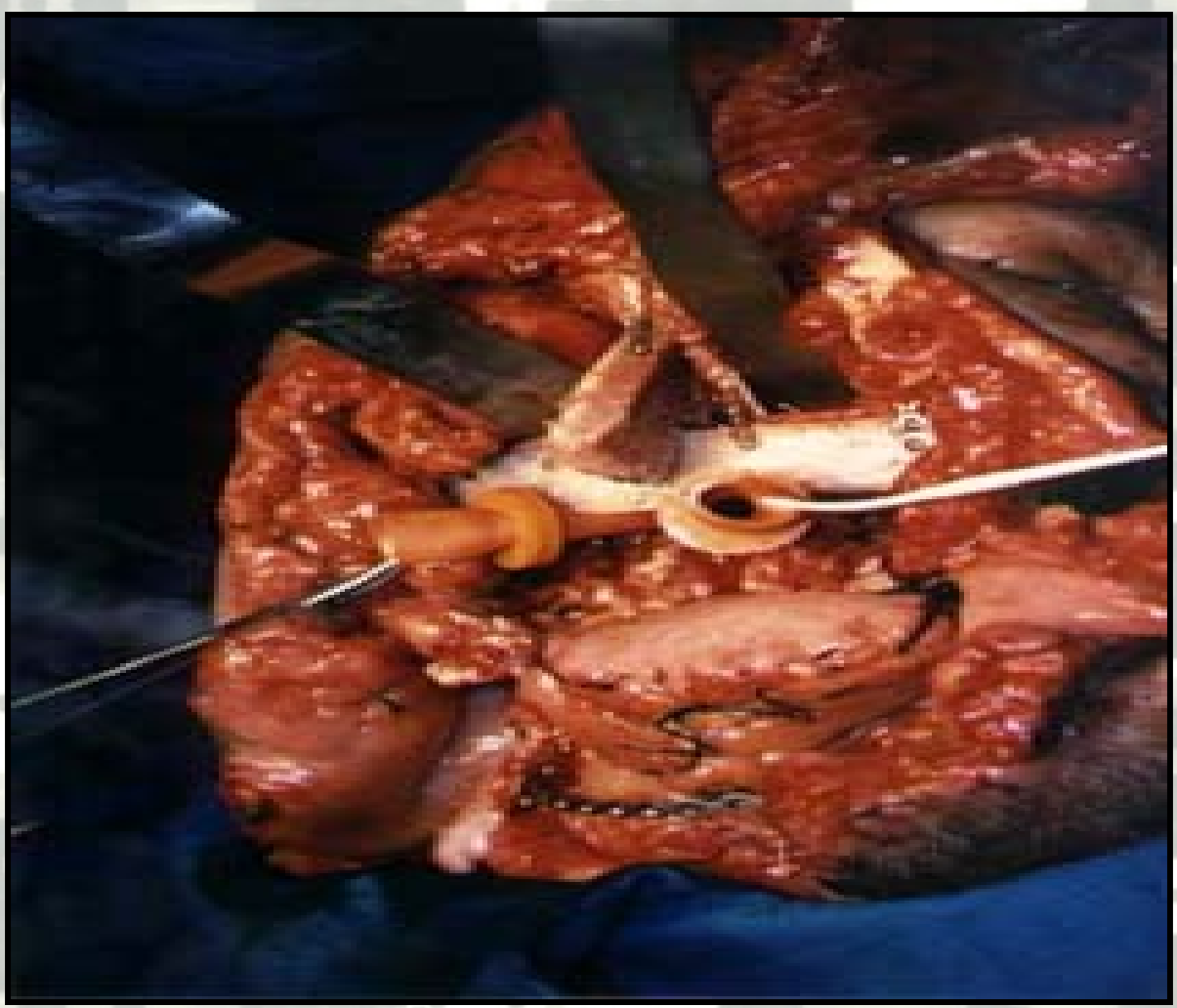
- **leaking cerebrospinal fluid may indicate a skull fracture.**

Nasopharyngeal Airway

- if there is resistance or blockage, use the other nostril
- if both attempts fail, position the casualty in the recovery position and seek medical help



Nasopharyngeal Airway



Check On Learning

Check On Learning (Managing a Casualty's Airway)

- **How should you position a casualty to check for and evaluate breathing?**

  On the casualty's back

- **Which method of opening the airway is preferred if you believe that the casualty has an injured neck or spine?**

  Jaw thrust

- **While checking for breathing, you should check for…?**

  LOOK for rise and fall of the casualty's chest;
  LISTEN for air escape during exhalation;
  FEEL for the flow of air on the side of your face

Check On Learning (Managing a Casualty's Airway)

- **What are some indicators for inserting a nasopharyngeal airway?**

  Casualty is unconscious; Casualty's respiration rate is less than 2 breaths per 15 seconds; Casualty is making snoring or gurgling sounds

- **What are some indicators for *not* inserting a nasopharyngeal airway?**

  Fracture of the roof of the casualty's mouth; Brain matter is exposed; Clear fluid is coming from the ears or nose (cerebrospinal fluid indicates a possible skull fracture)

QUESTIONS?